

Approved by OMB  
3080-0053  
Expires 11/30/99  
See reverse for public  
burden estimate.

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION



**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee <b>America Online, Inc.</b>			
(b) Number and street address <b>22000 America Online Way</b>			
(c) City <b>Dulles</b>	(d) State <b>VA</b>	(e) ZIP Code <b>20166</b>	
2. Internet address:		3. Taxpayer Identification Number <b>54-1322110</b>	
4. Call sign and radio service of each station <b>KNNW816 - IB                      WPNW347 - IG</b> <b>WPKN452 - IB                      WPKL592 - IB</b> <b>WPOB824 - IG</b>			
5. (a) Fee Type Code <b>PATM</b>	(b) Fee Multiple <b>5</b>	(c) Fee Due \$ <b>225.00</b>	
6. Name(s) and Address(es) of Transferee <b>AOL Time Warner Inc., c/o America Online, Inc., 22000 America Online Way, Dulles, VA 20166</b>			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of Incorporation, etc.? If "NO", give details on Page 3.			YES NO <b>X</b>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			<b>X</b>
<b>9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:</b>			
(a) Will any officer or director of such corporation be an alien? If "YES", see instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see instruction 6.			
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.			
(d) What is the name and address of the corporation in immediate control?			
(e) Under the laws of what State or Country is the controlling corporation organized?			
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (h).			
<b>CERTIFICATION</b>			
<ul style="list-style-type: none"> <li>Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li> <li>Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.</li> </ul>			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).			
SIGNATURE <sup>x</sup>		DATE <b>2/11/00</b>	
AUTHORIZED EMPLOYEE OF LICENSEE CORPORATION SIGNATURE <sup>dc</sup>		DATE <b>2/11/00</b>	
TRANSFER OF CONTROL (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____			

**DETAILS / ADDITIONAL INFORMATION:**

This application seeks FCC consent to the transfer of control of the licensee, America Online, Inc., to AOL Time Warner Inc.

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

**1. Name and mailing address of corporate licensee**

America Online, Inc.  
22000 America Online Way  
Dulles, VA 20166

**2. Call sign and radio service of each station**

KNNW816 - IB  
WPKN452 - IB  
WPOB824 - IG  
WPNW347 - IG  
WPKL592 - IB

**CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

**DATE AUTHORIZED:**

FEDERAL  
COMMUNICATIONS  
COMMISSION

**THIS AUTHORIZATION TO BE FILED WITH  
CORPORATION'S RADIO STATION RECORDS**

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3060-0589

REMITTANCE ADVICE

(1) LOCKBOX # 358130

PAGE NO 1 OF 2

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Wiley, Rein & Fielding

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 225.00

(4) STREET ADDRESS LINE NO. 1

1776 K Street, N.W.

(5) STREET ADDRESS LINE NO. 2

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20006

(9) DAYTIME TELEPHONE NUMBER (Include area code)

(202) 719-7000

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

America Online, Inc.

(12) STREET ADDRESS LINE NO. 1

22000 America Online Way

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Dulles

(15) STATE

VA

(16) ZIP CODE

20166

(17) DAYTIME TELEPHONE NUMBER (Include area code)

(202) 530-7883

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

KNNW816-IB

(20A) PAYMENT TYPE CODE (PTC)

P A T M

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 45.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

WPKN452-IB

(20B) PAYMENT TYPE CODE (PTC)

P A T M

(21B) QUANTITY

1

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$ 45.00

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

WPOB824-IG

(20C) PAYMENT TYPE CODE (PTC)

P A T M

(21C) QUANTITY

1

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$ 45.00

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

WPNW347-IG

(20D) PAYMENT TYPE CODE (PTC)

P A T M

(21D) QUANTITY

1

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$ 45.00

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

0 5 2 1 2 8 9 9 8 8

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0 5 4 1 3 2 2 1 1 0

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, \_\_\_\_\_, Certify under penalty of perjury that the foregoing and supporting information  
(PRINT NAME)  
are true and correct to the best of my knowledge, information and belief. SIGNATURE \_\_\_\_\_

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

☐ MASTERCARD

\_\_\_\_\_

\_\_\_\_/\_\_\_\_

☐ VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD  
for the service(s)/authorization(s) herein described

AUTHORIZED SIGNATURE

MONTH YEAR

DATE

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)

## REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 2 OF 2

## USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT

## SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**America Online, Inc.**

(12) STREET ADDRESS LINE NO. 1

**22000 America Online Way**

(13) STREET ADDRESS LINE NO. 2

(14) CITY

**Dulles**

(15) STATE

**VA**

(16) ZIP CODE

**20166**

(17) DAYTIME TELEPHONE NUMBER (Include area code)

**(202) 530-7883**

(18) COUNTRY CODE (if not in U.S.A.)

IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE

## SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY
<b>WPKL592-IB</b>	<b>P A T M</b>	<b>1</b>	<b>\$ 45.00</b>	
(23A) FCC CODE 1		(24A) FCC CODE 2		
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B	FCC USE ONLY
			<b>\$</b>	
(23B) FCC CODE 1		(24B) FCC CODE 2		
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C	FCC USE ONLY
			<b>\$</b>	
(23C) FCC CODE 1		(24C) FCC CODE 2		
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY
			<b>\$</b>	
(23D) FCC CODE 1		(24D) FCC CODE 2		

## SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

<b>0</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>
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**WILEY, REIN & FIELDING**  
**1776 K Street, N.W.**  
**Washington, DC 20006**  
**Operating Account**

**No. 123518**

Date	Amount
02/11/2000	*****225.00

**Pay** Two Hundred Twenty Five and No/100 Dollars ONLY

**To the  
Order of** **FCC**

NationsBank of DC, N.A.  
 Washington, DC 20008  
 15-120/540

*Barry I. Strauss*  
 (Two Signatures Required For Amounts Over \$1,000.00)

⑈ 123518⑈ ⑆054001204⑆ ⑈000003702987⑈

Attached is our check in full settlement of items shown hereon. If not correct, please return with explanation or call us at (202)828-7512.

**No. 123518**

FCC		Check Date 02/11/2000			
Description	Date	Invoice No.	Amount of Invoice	Discount	Net
FORM 703	02/11/2000		225.00	.00	225.00
				<b>Total</b>	<b>225.00</b>

Remittance Advice  
 Detach before depositing

**WILEY, REIN & FIELDING**  
**Operating Account**